

Lincoln



Nebraska's Capital City

February 14, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Metro Food Mart., d.b.a. Leon's Food Mart, 2200 Winthrop Road requesting a class D liquor license for this location. This location has changed ownership with the following stockholders assuming ownership.

Chad Winters	President	14,500 Shares
Roger Toy	Secretary	14,500 Shares

Chad Winters be approved as the manager of this liquor license.

Background information on Chad Winters is as follows:

Chad Winters was born in Lincoln, Nebraska. He attended Pius X High School graduating in 1988. Mr. Winters has been employed at Leons since 1986.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department

575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) LEON'S FOOD MART

☒ Manager

☒ Owner

Other _____

Name: CHAD WINTERS

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No

Yes

Explain _____

Does applicant have an interest in another liquor license ? No

☒ Yes

Explain GENEVA STORE OWNER 590

Is spouse qualified to hold a license ? Yes

No

☒ N/A

How is applicant if not an owner to be paid ? Salary

Hourly

☒ N/A

How many hours will applicant be at the establishment ? 50-60

Any other employment ? ☒ No

Yes, explain _____

Any previous experience with a liquor license ? ☒ Yes

No

Any criminal convictions ? ☒ No

Yes

Comments _____

Is applicant a property owner in Lincoln ?

☒ Yes

No

Is applicant involved in any civil litigation ?

☒ No

Yes

Comments _____

☒ Photo

☒ Records Check

☒ References

Comments _____

Interview Date 2 / 14 / 02

Liquor License Business Report / Completed by Inv Fosler Date: 2/14/02

DBA: Leons Food MART

ADDRESS 2200 Winthrop Rd PHONE 488-2307

TYPE OF INVESTIGATION:

PURCHASE UPGRADE EXPANSION NEW

OWNER MANAGER OTHER

TYPE OF BUSINESS Grocery STORE

CLASS: A B C D I J K CATERING OTHER

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL

PURCHASE PRICE 267,000 PROPERTY EQUIPMENT VALUE —

AMOUNT FINANCED 267,000 SOURCE Past owner

COLLATERAL Business COSIGNER(S) Roy Toy & Chad Winters

LEASE AGREEMENT 20 1yr opt - 4223 mo

EST INCOME %FOOD 94 %LIQUOR Less Than 6%

COMMERCIAL INDUSTRIAL RESIDENTIAL

TRAFFIC Moderate PARKING off-street

READY FOR OPERATION: YES NO, EST DATE

FOOD SERVICE — # OF EMPLOYEES F/T 10 P/T 21

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES
NO

EST SEATING N/A EST # DAILY CUSTOMERS 500

HOURS OF OPERATION 8am - 9pm Mon-Sat 9am - 6:30pm

HUMAN RIGHTS COMMISSION CHECKED YES NO N/A Sun

STATE OF NEBRASKA *Russ*

P.H. 3-11-02



Mike Johanns
Governor

CERTIFIED

February 7, 2002

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

Jóan Ross, City Clerk
County/City Bldg
555 So. 10th St
Lincoln, NE 68508

A2-015333

599

RE: Class D Application (Metro Food Mart Inc.)
dba "Leon's Food Mart"

change in ownership

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose NOT to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12-99

(2)

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046, 301 Centennial Mall South
Lincoln, NE 68509-5046

(Clerk)
<http://www.nol.org/home/NLCC/>

Phone: (402) 471-2571

Fax: (402) 471-2814

54539
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NEBRASKA LIQUOR

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate**

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class)	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION

Type of application being applied for
(place appropriate number in box)

3

- 1= Individual License requires
Form 1 to be attached.
2= Partnership License requires
Form 2 to be attached.
3= Corporate License requires
Form 3 and 4 and Manager
Application be attached.

CORPORATE SURETY BOND INFORMATION

Bond Company - for Classes L V W X Y only

Start Date Month/Day/Year

Bond Number

SECTION A - LOCATION INFORMATION - Must be completed by all applicants

Trade Name (name of business)			Telephone Number at premise to be licensed		
Leon's Food Mart			402-488-2307		
1) Street Address of Proposed licensed premise			2) Mailing Address for receipt of Liquor Control Commission mailings		
2200 Winthrop Road			2200 Winthrop Road		
City	County	Zip Code	City	County	Zip Code
Lincoln	Lancaster	68502	Lincoln	Lancaster	68502

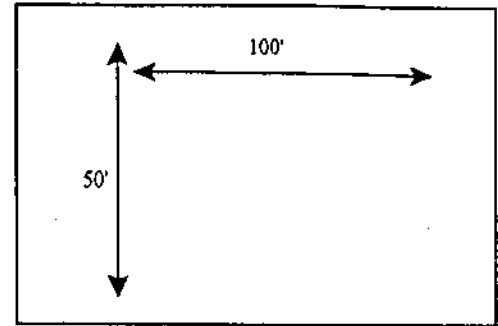
FORM 35-4010

REV 1/01

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

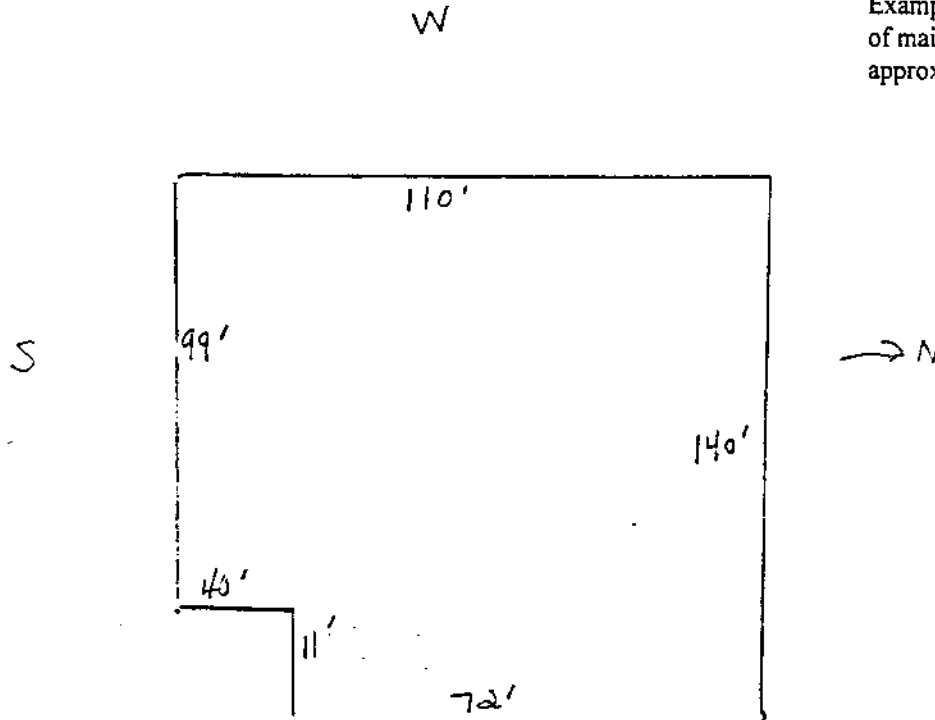
In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

N ↑



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

2 floors - sales floor
and basement - same layout



SECTION B

OTHER INFORMATION REQUIRED

	Yes	No	Explanation/Comments
<p>1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	x		<p>Chad Winters-1/01 negligent driving ticket (rearended lady); 3/00 speeding ticket; in total 5-6 speeding tickets since 16 - paid fines on all</p> <p>Roger Toy - several speeding tickets in 70's and several in 80's, does not remember dates Paid fines on all.</p>

	Yes	No	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).	x		P- 40361 Metro Food Mart see attached Inc.
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.	x		see attached
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	x		Conrad Muilenburg
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		x	.
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		x	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		x	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		x	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		x	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			Union Bank and Trust - Calvert Chad Winters/Roger Toy
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			NA
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.			Chad Winters 50-60 hours
13. List the training and experience of the person listed in #11 above in connection with selling and/or serving alcohol products.			16 years in this store; took Hospitality course; store has sold alcohol for 4 years. Winters was Mgr.al
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)			Lease - see attached
15. When do you intend to open for business?			ongoing business remaining open


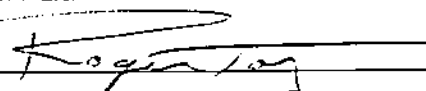
15. List the principal residence for the past 10 years for all persons required to submit fingerprint cards. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Chad Winters	1970	present	Lincoln, NE
Roger L. Toy	1988	present	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

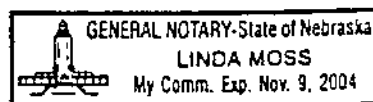
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here		sign here	
sign here	_____	sign here	_____
sign here	_____	sign here	_____
sign here	_____	sign here	_____

Subscribed in my presence and sworn to before me this 5th day of February, 2002.

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here



Notary Public Signature

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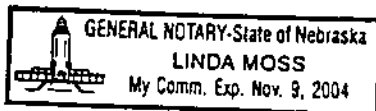
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Kristi Jay

Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 5th day of February, 2002.



Linda Moss

Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

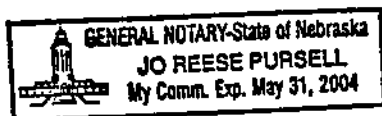
Chad Winters

Signature of Licensee/Applicant

CHAD WINTERS

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 5th day of February, 2002.



Jo Reese Pursell

Signature of Notary Public

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation		Total Number of Shares (if corporation)	
Metro Food Mart, Inc. d/b/a Leon's Food Mart		29,800	
Corporate Street Address (1)	Mailing address for receipt of Liquor Control Commission Mailings	Corporate Telephone Number	
2200 Winthrop Road	same	402-488-2307	
City	County	State	Zip Code
Lincoln	Lancaster	Nebraska	68502
Name of Registered Agent		Name of Proposed Manager	
Chad Winters		Chad Winters	
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER			
Name	Title	Date of Birth	Social Security Number
Chad Winters	President		
Home Address (1)		State	
2115 S. 48th Street		Nebraska	
City	State	Zip Code	Home Telephone Number
Lincoln	NE	68506	402-489-1877

Corporation/LLC Application for License - Form 3

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES					
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title	Number of Shares/ %	
NAME Winters, Chad J.			President	14.500	
Spouse Name N/A.					
NAME Toy, Roger L.			Secretary	14.500	
Spouse Name Toy, Kristi (Olsen)					
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					
NAME					
Spouse Name					

(If Necessary, Continue on Separate Sheet)

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NEBRASKA LIQUOR
CONTROL COMMISSION

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

LIQUOR LICENSE INFORMATION					
NAME OF LICENSED CORPORATION			CLASS & LICENSE NUMBER		
Metro Food Mart, Inc.			D - 40361		
TRADE NAME OF LICENSED PREMISE					
Leon's Food Mart					
STREET ADDRESS OF LICENSED PREMISE		CITY	COUNTY	ZIP CODE	
2200 Winthrop Road		Lincoln	Lancaster	68502	
On behalf of the corporation, I designate this individual as corporate manager.					
Signature of Corporate President/CEO:					
Chad Winters					
APPLICANT INFORMATION (MUST BE 21 OR OVER)					
NAME (LAST, FIRST, MIDDLE, MAIDEN)		SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH
Winter, Chad Jason		F M M			Lancaster County
HOME STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
2115 S. 48th Street		Lincoln	Lancaster	NE	68506
HOME TELEPHONE NUMBER		BUSINESS TELEPHONE NUMBER		DRIVERS LICENSE NUMBER & STATE	
(402) 489-1877		(402) 488-2307		G02030136	
SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE NONE)					
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER & STATE	
NA					
DATE OF BIRTH:		PLACE OF BIRTH:			

1. READ CAREFULLY - Answer completely and accurately.

Has anyone who is a party to this application or their spouse, ever been convicted of or plead guilty to any criminal charge? Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? **IF YES**, for what premise give license number and date.

☐ YES ☒ NO

RECEIVED

FEB -6 2002

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR
CONTROL COMMISSION

LIQUOR LICENSE INFORMATION					
NAME OF LICENSED CORPORATION			CLASS & LICENSE NUMBER		
Metro Food Mart, Inc.			D - 40361		
TRADE NAME OF LICENSED PREMISE					
Leon's Food Mart					
STREET ADDRESS OF LICENSED PREMISE		CITY	COUNTY	ZIP CODE	
2200 Winthrop Road		Lincoln	Lancaster	68502	
On behalf of the corporation, I designate this individual as corporate manager.					
Signature of Corporate President/CEO:					
Chad Winters					
APPLICANT INFORMATION (MUST BE 21 OR OVER)					
NAME (LAST, FIRST, MIDDLE, MAIDEN)		SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH
Winter, Chad Jason		F M M			Lancaster County
HOME STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
2115 S. 48th Street		Lincoln	Lancaster	NE	68506
HOME TELEPHONE NUMBER		BUSINESS TELEPHONE NUMBER		DRIVERS LICENSE NUMBER & STATE	
(402) 489-1877		(402) 488-2307		G02030136	
SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE NONE)					
FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER & STATE	
NA					
DATE OF BIRTH:		PLACE OF BIRTH:			

1. READ CAREFULLY - Answer completely and accurately.

Has anyone who is a party to this application or their spouse, ever been convicted of or plead guilty to any criminal charge? Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☐ YES ☒ NO

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission

Is this Corporation/LLC controlled by another Corporation? ☐ YES ☒ NO

Name of Control Corporation

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LLC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned

Please indicate below your corporate tax year with the IRS

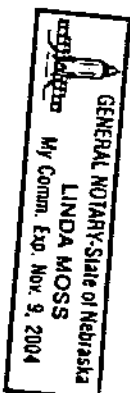
Starting Date: 1/01 Ending Date: 12/31

STATE OF NEBRASKA

Lancaster County

SS.

Notary Public Signature & Seal



By

PRESIDENT/MEMBER

SECRETARY/MEMBER

In compliance with ADA, this form is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES ☐ NO ☒

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

YES ☒ NO ☐

5. Have you filed fingerprint cards and **PROPER FEES** (if check, made out to the NE State Patrol), with this application?

YES ☒ NO ☐

LIST PRINCIPAL RESIDENCE FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT CITY & STATE		YEAR FROM TO		SPOUSE CITY & STATE	
Lincoln, NE		1988	pres	NA	

EMPLOYERS - LIST LAST TWO EMPLOYERS				
YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1986	pres.	Leon's Food Mart since 16		

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE			
---	--	--	--

STATE OF NEBRASKA)
) SS
COUNTY OF LANCASTER

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

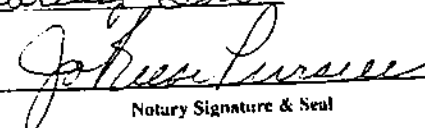


Signature of Applicant

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 5th
day of February, 2004.

Subscribed in my presence and sworn to before me this _____
day of _____



Notary Signature & Seal

Notary Signature & Seal

